



Employee Education Sessions

April 26, 2017
May 2 & 3, 2017



Today's Agenda

What are you most interested in learning about at the education session?

- *#1 Answer:* What's New/ Benefit changes
 - Differences between health plans
 - Health plan comparisons and costs
 - Which health plan is best for me and my family
- All of my benefit plan options



Today's Speakers -

- SBO
- Highmark Delaware
- Aetna

Today's Agenda

Goal of the session-

- Provide you with an opportunity to engage, ask questions and learn about:
 - What's changing in the health plan offerings on July 1
 - How to engage in this Open Enrollment and take advantage of new and exciting consumerism tools



**Visit the benefit vendor information tables after the session (available for 30 minutes):
Talk with vendor representatives, ask questions and pick up materials/giveaways.**

What You Need To Know

- Benefits Open Enrollment Periods:
 - **May 1 – 13, 2017**
(DOE, K12, DTCC & DSU Employees)
 - **May 14 – 26, 2017**
(State Agency Employees)
 - **May 8 – 26, 2017**
(Participating Group Employees
(Includes UD))



What You Need To Know

- Aetna will be the only health plan administrator for the HMO Plan and CDH Gold Plan as of July 1.
- The IPA/HMO Plan and CDH Gold Plan offered through Highmark Delaware will no longer be available effective July 1.
- Highmark Delaware will continue to administer the First State Basic PPO Plan and Comprehensive PPO Plan.



What You Need To Know

- *Currently enrolled in either the Highmark Delaware IPA/HMO or Highmark Delaware CDH Gold Plan?*
 - If you take **no action** during Open Enrollment, you will be **automatically defaulted*** into the corresponding Aetna HMO Plan or Aetna CDH Gold Plan for the plan year that begins July 1.
 - **Important:** HMO members are required to select a Primary Care Provider (PCP). Employees who default or enroll in the Aetna HMO plan and do not select a PCP during Open Enrollment will have one assigned to them by Aetna.

**Active State of Delaware employees will be automatically defaulted at the start of Open Enrollment in Employee Self-Service.*

What You Need To Know

- Benefit plan premiums (or rates) and benefit plan designs will not change on July 1.
- Governor Carney's FY18 Budget Proposal recommendations to increase member cost share for health plan coverage, as well as eliminating the double state share benefit, are **not** part of the changes outlined in this May's Open Enrollment for the plan year that begins July 1.



What You Need To Know

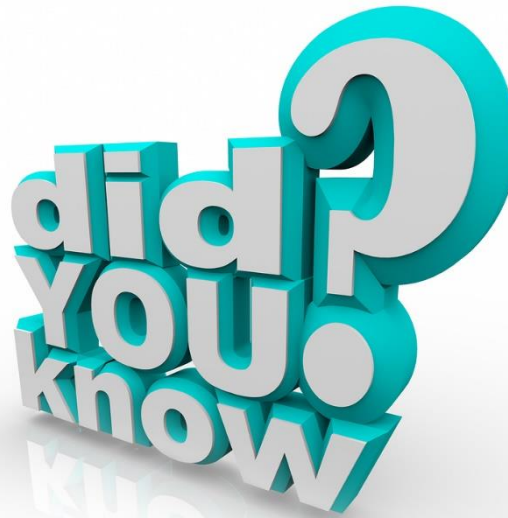
- While the benefit plan premiums (or rates) and the benefit plan designs for the health, dental and vision plans will not change on July 1, it does not mean that the costs of providing health benefits does not continue to increase.



What You Need To Know

Expenditures in the State Group Health Insurance Program (also known as the GHIP) have risen almost 50 percent since the start of the decade.

Employee and pensioner health care was the largest cost driver in the State Operating Budget for Fiscal Year 2016.



These costs are growing at a pace that threatens the State's ability to invest in areas important to all of us such as employee and pensioner raises, improving our schools, protecting our environment and making our neighborhoods safer.

It is estimated that the State of Delaware's health care costs could **exceed \$1 billion by Fiscal Year 2022.**

What You Need To Know

- The State of Delaware and the State Employee Benefits Committee (SEBC) need your help in meeting the GHIP mission:
 - Offer State of Delaware employees, retirees and their dependents **adequate access to high quality healthcare that produces good outcomes** at an **affordable cost**, promotes healthy lifestyles and helps them be **engaged consumers**.



What You Need To Do

Call To Action

→ Be an engaged consumer and actively participate in Open Enrollment:

- Review your benefits coverage and options
- Take advantage of:
 - The **NEW Consumerism Resources** and important information available on the SBO website
 - This once-a-year opportunity to make benefit changes and/or elections



What You Need To Do

Call To Action

→ If you wish to enroll, make changes or terminate coverage for you or your spouse/dependent(s):

- **Active State of Delaware employees:** Follow instructions on SBO's website for how to enroll online for health, dental and vision through Employee Self-Service in eBenefits and how to enroll for Supplemental Benefits with Aflac.
- **Non State Participating Group employees:** Must submit health and dental changes to your organization's HR/Benefits Office no later than the close of business on May 26, 2017.

Please note: With the exception of the Highmark IPA/HMO and Highmark CDH Gold Plan changes, if you do **NOT** enroll, make changes or terminate coverage, your plan coverage for the current plan year will continue to carry over into the new plan year which begins July 1.

What You Need To Do

Call To Action

↳ Coordination of Benefits:

- If you cover your spouse on your health plan, you **MUST** complete a new Spousal Coordination of Benefits Form online each year during Open Enrollment or your spouse's coverage will be reduced on July 1.
- Dependent Child Coordination of Benefits Forms are only needed upon:
 - Enrollment in other health coverage;
 - Anytime other health coverage changes; or
 - Upon request by SBO, Highmark Delaware or Aetna
- Forms and information available at:
de.gov/statewidebenefits
(Select the “Coordination of Benefits” button)

What You Need To Do

Call To Action

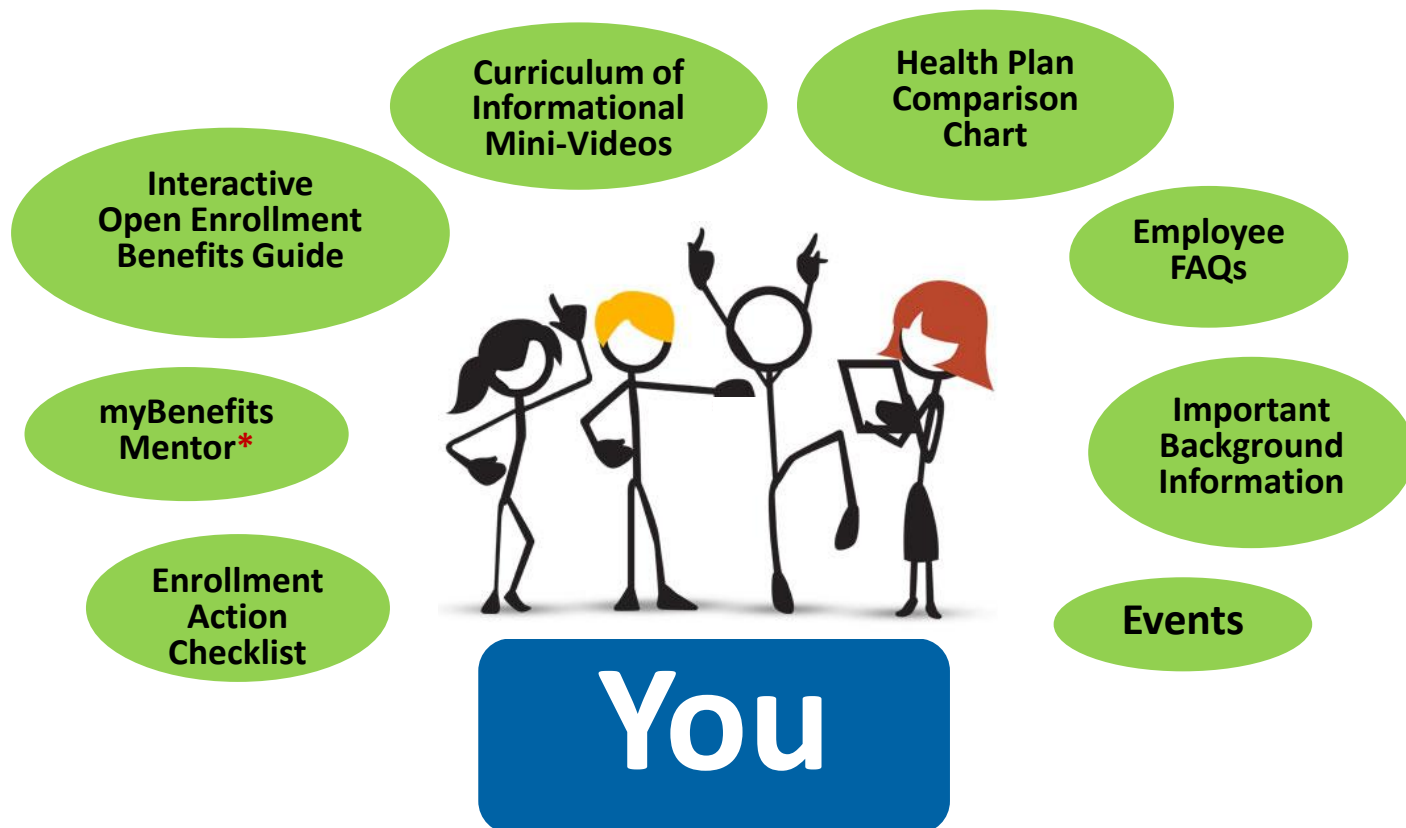
→ If you have questions about Open Enrollment or your benefits, you can contact:

- Your organization's HR/Benefit representative(s); or
- The Statewide Benefits Office (SBO):
 - Phone: (302) 739-8331 or 1-800-489-8933
 - Email: benefits@state.de.us



Benefits Made Easy

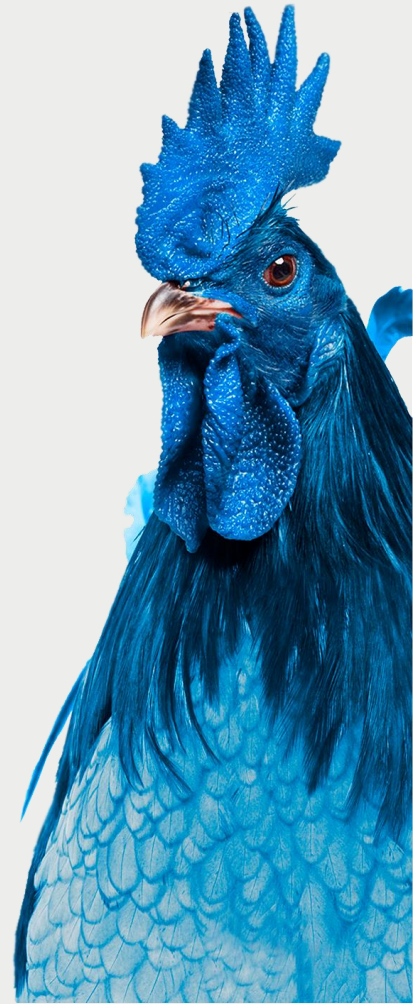
Resources at your fingertips: de.gov/statewidebenefits



**Not available to Non State Participating Group employees*

Health Insurance is Complicated Enough

Choose Blue for a Simpler Experience



Access to Quality Care...at Home and Away



Coverage recognized and **accepted nationwide** and around the world



Access to 96% of all U.S. hospitals and 93% of all U.S. doctors, so you're covered when you and your dependents are away from home



A complete local network featuring **8 hospitals and more than 4,818 doctors** in all specialties

Access to **more than 2,000 Blue Distinction Centers and Centers+ nationwide**

Choose a PPO Plan for Convenience and Peace of Mind



Access to a large network of physicians, hospitals and other providers



Out-of-network care is covered



No referrals are needed for specialist visits

Two PPO Plans to Meet Your Needs

FIRST STATE BASIC PPO PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Deductible		
Individual	\$500	\$1,000
Family	\$1,000	\$2,000
Total Maximum Out-of-Pocket Expenses (TMOOP) Plan Year (includes deductibles, copays and coinsurance)		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Physician Home/Office Visits (sick)	90% covered	70% covered
Specialist Care	90% covered	70% covered
Emergency Services	90% covered	90% covered
Preventive Care Routine Adult: physical exams, immunizations, diagnostic services, mammograms, PAP tests	100% covered	70% covered
Routine Pediatric: physical exams, immunizations, diagnostic services	100% covered	70% covered

COMPREHENSIVE PPO PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Deductible		
Individual	None	\$300
Family	None	\$600
Total Maximum Out-of-Pocket Expenses (TMOOP) Plan Year (includes deductibles, copays and coinsurance)		
Individual	\$4,500	\$7,500
Family	\$9,000	\$15,000
Physician Home/Office Visits (sick)	\$20 copay	80% covered
Specialist Care	\$30 copay	80% covered
Emergency Services	\$150 copay, waived if admitted	\$150 copay, waived if admitted
Preventive Care Routine Adult: physical exams, immunizations, diagnostic services, mammograms, PAP tests	100% covered	80% covered
Routine Pediatric: physical exams, immunizations, diagnostic services	100% covered	80% covered

The Advantages of Highmark Coverage



Expert Customer Care Advocates can help:

- Resolve enrollment, claims and benefits issues
- Give you advice on how to use online tools
- Connect you to a Blues On CallSM health coach



Customer Care Advocate: Get help to:

- Find network providers
- Transfer medical records and make appointments



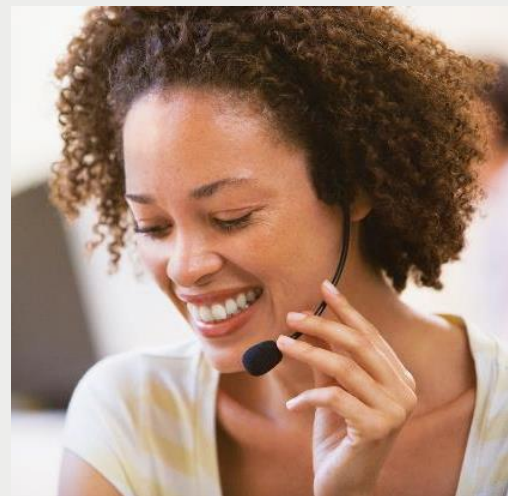
Blues On CallSM

- Talk to a health coach 24/7
- Assistance with managing chronic conditions
- Call **1-888-BLUE-428** with health questions or concerns



Your Member Website, highmarkbcbsde.com:

- Manage your care and coverage
- Access health tools and resources



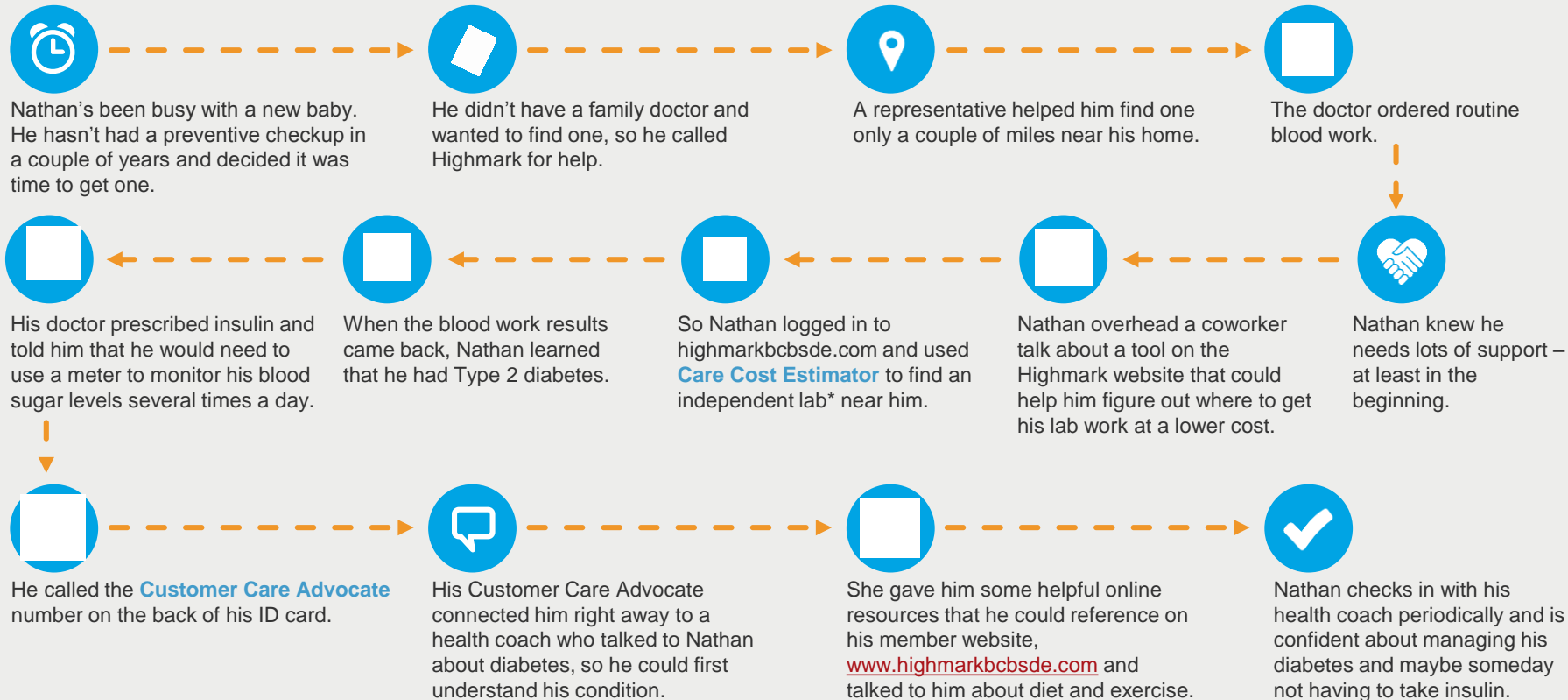
Take Advantage of our Online Health Tools



Visit highmarkbcbsde.com to access these helpful tools:

- **Wellness Profile** – a confidential survey to help you learn what you’re doing right and where you need to improve.
- **My Health Assistant** – online coaching that gives you just the right blend of guidance, support and resources. Choose from a range of programs, including tobacco cessation, weight loss, good nutrition, stress reduction, emotional health and exercise.
- **Personal Health Record** – a secure online personal health record that lets you store and access your health information at anytime from anywhere.
- **Health News and Information** – an extensive library of articles, recipes, videos and more.

One Member's Journey: Meet Nathan



Thank you



A man in a black tank top and shorts stands on a bridge railing, looking out over a city. The background features a large suspension bridge and a body of water. The word "aetna" is overlaid in large white lowercase letters.

aetna

Caring for our members

State of Delaware Open Enrollment 2017

Plans Administered by Aetna

HMO Plan

Using your benefits are easy...

- Select a PCP – this is the doctor you go to first. He or she will help you learn about your health and how to manage it.
- Go to your PCP for checkups and whenever you are sick or hurt
- Your PCP will help you decide if you need care from another doctor. If so, your PCP will give you a referral.
- Pay your copay.
- Preventive care is covered at 100 percent

CDH Gold Plan

Enjoy the freedom to go in and out of network...

- You can see any doctor you want, in or out of the Aetna network
- Preventive care is covered at 100 percent
- The State of Delaware provides you with an HRA Fund to help cover the deductible
- Health Reimbursement Account dollars remain with members that elect the CDH Gold plan

Which plan is right for you?

HMO Advantages

If you have a chronic condition you may want to consider the HMO.

- PCP coordinates specialty care
- Ability to access care through a national HMO network
- Enhanced care management program designed to work with you and your doctors to help you be your healthiest
- **No surprise out of pocket costs**

CDH Gold Advantages

If you hardly ever get sick you may consider the HRA to cover the deductible for any unplanned services or roll them over into future years.

- CDH Gold health plan (Open Choice PPO) combined with an HRA Fund
- Referrals not required
- Freedom to go in or out of network
- State of Delaware contributes to the HRA Fund each year
- **Unused HRA Fund rolls over each year**

Which plan should they choose?

Meet Fred and Wilma, who are a middle age husband and wife.



Fred's lifestyle of no exercise and a poor diet has finally caught up with him. He suffers from high blood pressure, high cholesterol, is overweight and needs a stress test.

Fred and Wilma are in the CDH Gold plan today and are reviewing their options for Open Enrollment.

They would like to stay in the CDH Gold Plan because....

- Fred doesn't need a referral but wants to make sure he isn't paying more than he should for a stress test.
 - He can use the member payment estimator
- DelaWELL Program will help Fred by providing a lifestyle coach, support and education about his health. It will also help manage his chronic conditions and allow him to make better choices so he can be his healthiest.
- Since Fred has not previously used his HRA fund dollars, by choosing to re-enroll in the CDH Gold plan he can use all the roll-over dollars for these expenses.

Which plan should they choose?

Meet Barney, Betty and their baby Bam Bam



Barney and Betty are a young couple with a son looking for a plan that fits their health care needs as well as their budget.

Additionally Barney hurt his knee playing with Bam Bam and needs surgery.

They would like to choose a plan that fits their needs and helps them avoid surprise out of pocket expenses.

- The HMO would work best with them because:
 - They can easily find and elect a PCP for each member of their family.
 - It will be simple for Barney to get a referral to an orthopedic doctor
 - There is Care management support (powered by CareLink CareNow) to help the family through Barney's health event
 - 100% preventive care to help with all of Bam Bam's well baby visits

What to think about when choosing your plan

Important Items to Consider

- What lab does Aetna use? **Quest**
- What plan allows me to go in or out of the network? **Aetna CDH Gold**
- What plan requires a PCP election & PCP referrals? **Aetna HMO**
- What plan covers preventive care at 100%? **Aetna HMO and Aetna CDH Gold**
- What plan offers national networks? **Aetna HMO and Aetna CDH Gold**
- What plan has funds that carry over year to year? **Aetna CDH Gold**
- What plans will provide new ID cards? **Aetna HMO and Aetna CDH Gold**
- Which plan has the lowest contribution out of my paycheck? **Aetna CDH Gold**

Additional Plan Features



Member Resources



www.myaetnanetwork.com

Look up doctors,
hospitals, labs and
other providers in our
network



1-877-542-3862

Contact our member
services team who is
available for any
questions you have.

Thank you

Questions?

**Be on the lookout for an email with a brief online survey.
Thank you in advance for your feedback about today's event!**



Phone: (302) 739-8331

Email: benefits@state.de.us

Website: de.gov/statewidebenefits

Follow SBO on Facebook  [delawarestatewidebenefits](https://www.facebook.com/delawarestatewidebenefits)